



FALSE MEMORY SYNDROME FOUNDATION NEWSLETTER

November 1997 Vol. 6 No. 10

Dear Friends,

After a 3-month embargo, the prestigious British Royal College of Psychiatrists on October 1, 1997 issued its recommendations on "Reported Recovered Memories of Child Sexual Abuse." A key paragraph:

Psychiatrists are advised to avoid engaging in any "memory recovery techniques" which are based upon the expectation of past sexual abuse of which the patient has no memory. Such "memory recovery techniques" may include drug-mediated interviews, hypnosis, regression therapies, guided imagery, "body memories," literal dream interpretation and journaling. There is no evidence that the use of consciousness-altering techniques, such as drug-mediated interviews or hypnosis, can reveal or accurately elaborate factual information about any past experiences including childhood sexual abuse. Techniques of regression therapy including "age regression" and hypnotic regression are of unproven effectiveness.

The College Psychiatric Bulletin (1997), 21, 663-665

The Royal College is the first professional organization to address the issue of the rights of families. The College noted that:

Once the accusation is taken outside the consulting room, especially if any question of confrontation or public accusation arises, there can rarely be any justification for refusal to allow a member of the therapeutic team to meet family members.

There would never have been an FMS Foundation if those with new memories and their therapists had been willing to talk to family members prior to making accusations public. The cruelty of accusing parents and then not allowing them to defend themselves is a hallmark of the FMS phenomenon.

We have reprinted the entire Royal College Recommendations in this issue. This statement may be the most powerful tool yet that has been put in the hands of families. Use that tool. Disseminate it widely.

We have been asked if the professional organizations in this country will follow in like manner. Sadly, their past behavior gives us little reason to believe that they will.

Far too many of the members of those organizations are engaged in the very practices that are problematic. They drag American professional organizations to a low common denominator rather than to soar to the highest standard of professional practice. We would be delighted to be proved wrong.

Mental health professionals abdicated their responsibility for the dangerous practices of memory recovery and now the courts are sorting out the problems. "At present, mental health professionals are in the precarious position of losing control of their own profession," states Alan Schefflin in his description of his presentation at the International Society for Traumatic Stress Studies in Montreal in November. His description also notes that "Almost 1,000 lawsuits are now pending against dissociative disorder and trauma therapists." We do not know the source or accuracy of that figure, but we do know that the increasing number of lawsuits is undermining the credibility of the whole profession.

Month after month in this newsletter we have printed the details of lawsuits brought against therapists by former patients because of memory-recovery techniques—each technique more outrageous than the last. *Burgus v Braun*, scheduled to start trial on November 3, is one of the most important of these cases. Readers may recall details of this case from the Frontline documentary on November 2, 1994 called "The Search for Satan." Among other things, Patty Burgus's sons John and Mikey, ages 5 and 4, were admitted to the children's psychiatric ward and kept there for several years. Dr. Braun told the family that the boys might be genetically predisposed to multiple personality disorder.

In this issue...

<i>Royal College of Psychiatry Recommendations</i>	3
<i>Focus on Science</i>	5
<i>Legal Corner</i>	7
<i>Book Review</i>	12
<i>Make a Difference</i>	13
<i>From Our Readers</i>	14
<i>Bulletin Board</i>	18

Notice

January/February 1998 will be a combined issue.

Therapy for the Burgus family ended when the \$3 million insurance expired.

While many people try to dismiss the problems of memory-recovery techniques as being done by just a minority of poorly trained therapists, this case involves Rush Presbyterian Hospital in Chicago, a prestigious teaching hospital. Dr. Braun is one of the best known psychiatrists specializing in dissociative disorders. He served as President of the International Society for the Study of Dissociation. Because of Braun's belief in an intergenerational satanic conspiracy and in the ability of hypnosis and sodium amytal to aid in the recovery of historically accurate memories, Burgus v Braun is vivid evidence that the extreme practices of memory-recovery techniques are found in the mainstream of American psychiatry and psychology. American professional organizations have wrestled with balancing the self-interest of their membership and protecting the public. On the issue of recovered memory techniques, we believe the public is losing.

On the one hand, so many important things seem to have been accomplished that we can say "the tide has turned." On the other hand, it seems that we cannot yet step back and sigh with relief. The beliefs that encompass memory-recovery practices are endemic. They are institutionalized.

As just one example, this month we received a copy of a New York State proposed Senate Bill to extend the statute of limitations in civil cases for certain sex offense cases. Its stated purpose is: "To recognize that children who are victims of sexual abuse often suffer from **repressed memory syndrome**." (Emphasis added.) Children who are victims of sexual abuse, physical abuse or neglect may suffer from many things. It does them no service, however, to say they suffer from something for which there is no scientific evidence. Discredited memory recovery techniques do not help children.

There is still much work to be done if we are to maintain the gains that have been made in understanding the scientific issues that are at the heart of claims of repressed memory syndrome and memory-recovery techniques. With each passing month we get new tools: books, professional statements, legal decisions. Tools are useless if they just sit. Each caring person must put those tools to work. Our children deserve nothing less.

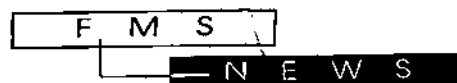
Pamela

special thanks

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter. *Editorial Support:* Toby Feld, Allen Feld, Howard Fishman, Peter Freyd. *Research:* Merci Federici, Michele Gregg, Anita Lipton. *Notices and Production:* Ric Powell. *Columnists:* Katie Spanuella and members of the FMSF Scientific Advisory Board. *Letters and information:* Our Readers.

HAVE YOU MADE YOUR PLEDGE?

Have you made your contribution to the Foundation's annual fundraising drive? If not, please take a few minutes to think how professionals now recognize what false memory syndrome is and how it devastates families. If you are one of those families, try to imagine what it would have been like if there had been no one to call. Without your support, affected families, former patients, professionals, and the media will have no place to turn. Please be generous. Whatever you are able to contribute is deeply appreciated. To those who have already returned your pledge card, our thanks for helping to ensure that those who need the Foundation's help will continue to receive it.



AMERICAN PSYCHOLOGICAL ASSN. REAFFIRMS FMSF AS AN APPROVED PROVIDER OF CONTINUING EDUCATION FOR FIVE ADDITIONAL YEARS

The American Psychological Association through its Education Directorate has informed the Foundation that its application to continue as an approved provider of continuing education for psychologists has met the criteria for full approval. Full approval for five years was granted after the Foundation successfully completed the two-year preliminary approval period. The Committee for the Approval of Continuing Education has the responsibility for reviewing applications and requires the applicant to address any shortcomings that they may observe during the preliminary approval status. The Foundation is permitted to use the following statement on its promotional material: "False Memory Syndrome Foundation is approved by the American Psychological Association to offer continuing education for psychologists. False Memory Syndrome Foundation maintains responsibility for the program."

A Special Kind of Logic

Globe and Mail, September 16, 1997

Robert Matas

A British Columbia woman was wrongly accused by an anonymous caller of killing a person 34 years ago. The B.C. Ministry for Children and Families accepts that the information was incorrect, but they refuse to remove the woman's name from its registry. They will add a note saying that the report is false.

The logic? The ministry officials claim that the file reflects an accurate record of the anonymous caller's report.

(FMS News cont page 11)

REPORTED RECOVERED MEMORIES OF CHILD SEXUAL ABUSE

Recommendations for good practice and implications for training, continuing professional development and research.

Royal College of Psychiatrists' Working Group on Reported Recovered Memories of Child Sexual Abuse: Professor Sydney Brandon (Chair), Dr Janet Boakes, Dr Danya Glaser, Professor Richard Green, Dr James MacKeith and Dr Peter Whewell. Approved by Council, 24 June 1997. Embargoed until 1st October 1997. The College Psychiatric Bulletin (1997), 21, 663-665. Reprinted with permission.

The College recognizes the severity and significance of child sexual abuse and the suffering experienced both at the time of the abuse and in adult life.

The difference between incestuous fathers and pedophiles is less distinct than was previously thought. Those who sexually abuse children share many characteristics including verbal denial even in the face of clear evidence, recidivism, secrecy, minimization, rationalization and justification of their actions among others. These are often maintained even after criminal conviction.

Nevertheless, the growth of litigation against alleged perpetrators and therapists and the risk of bringing the profession into disrepute makes it necessary to alert psychiatrists to the possibility of 'false memories'. In this context a 'recovered memory' is one in which traumatic events have been totally forgotten until 'released' or recovered in therapy or as a result of some other trigger or experience. A 'false memory' is one which is not based on events which have occurred.

Memories are constantly forgotten and recovered, but we are here concerned with the alleged forgetting and recovery of memories of prolonged and repeated child sexual abuse, typically from childhood into adolescence. Concern about recovered memories which have no factual basis should be concentrated on those cases where patients report having had no memory whatsoever of abuse which continued over many years. In the United States concern about such recovered memories led to the use of the term False Memory Syndrome which, though misleading, has now gained wide usage.

Memory is a complex field of study which has generated an enormous literature and a plethora of theories. The evidence shows that memories of events which did not in fact occur may develop and be held with total conviction. Such memories commonly develop under the influence of individuals or situations which encourage the development of strong beliefs. They have often been described as arising within therapy, sometimes involving psychiatrists or other mental health workers, as well as psychotherapists.

Although the following recommendations are particularly concerned with the use of specific memory recovery techniques, it is important to emphasize that distortion of memory may occur in any therapeutic situation. Psychiatrists need to be aware of the techniques employed by other members of their team, including semi-autonomous practitioners. Any professionals, including senior psychiatrists, working with cases of sexual abuse or recovered memories should have access to expert advice and the opportunity for regular peer supervision.

Recommendations for good practice

(a) The welfare of the patient is the first concern of the psychiatrist. Concern for the needs of family members and others may also be necessary, within the constraints imposed by the need for confidentiality.

(b) In children and adolescents, symptoms and behavior patterns may alert the clinician to the possibility of *current* sexual abuse, but these are no more than indicators for suspicion. Previous sexual abuse in the absence of memories of these events cannot be diagnosed through a checklist of symptoms.

(c) Psychiatrists are advised to avoid engaging in any 'memory recovery techniques' which are based upon the expectation of past sexual abuse of which the patient has no memory. Such 'memory recovery techniques' may include drug-mediated interviews, hypnosis, regression therapies, guided imagery, 'body memories', literal dream interpretation and journaling. There is no evidence that the use of consciousness-altering techniques, such as drug-mediated interviews or hypnosis, can reveal or accurately elaborate factual information about any past experiences including childhood sexual abuse. Techniques of regression therapy including 'age regression' and hypnotic regression are of unproven effectiveness.

(d) Forceful or persuasive interviewing techniques are not acceptable in psychiatric practice. Doctors should be aware that patients are susceptible to subtle suggestions and reinforcements whether these communications are intended or unintended.

(e) The psychiatrist should normally explore his or her doubts with the patient about the accuracy of recovered memories of previously totally forgotten sexual abuse. This may be particularly important if the patient intends to take action outside the therapeutic situation. Memories, however emotionally intense and significant to the individual, do not necessarily reflect actual events.

(f) Adult patients reporting previously forgotten abuse may wish to confront the alleged abuser. Such action should not be mandated by the psychiatrist and likewise it is rarely appropriate to discourage or even to forbid the patient from having contact with the alleged abuser or family members. The psychiatrist should help the patient to think through the possible consequences of confrontation with the alleged abuser. In these circumstances it is appropriate to encourage the search for corroboration.

(g) Psychiatrists should resist vigorously any move towards the compulsory reporting of all allegations or suspicions by adults of sexual abuse during childhood. Mandatory reporting is entirely appropriate where *children or adolescents* spontaneously report current or recent abuse. Hints at the pos-

sibility or suspicion of current sexual abuse always need to be carefully evaluated and investigated.

(h) It may be legitimate not to question the validity of a recovered memory while it remains within the privacy of the consulting room, though there is a risk in colluding with, and creating, a life history based upon a false belief. Action taken outside the consulting room, including revealing the accusations to any third party, must depend upon circumstances and upon the wishes of the patient.

(i) Once the accusation is taken outside the consulting room, especially if any question of confrontation or public accusation arises, there can rarely be any justification for refusal to allow a member of the therapeutic team to meet family members.

(ii) Where the alleged abuser is still in touch with children at risk, serious consideration must be given to informing the appropriate social service department. This *must* be done if there are reasonable grounds for believing that the alleged assault or assaults actually took place and that other children may now be at risk. If the case is reported by others the psychiatrist should also be prepared to state clearly if he or she believes that the grounds for the accusation are inadequate or unreasonable.

(iii) The patient may wish to seek legal advice possibly with a view to the prosecution of or litigation against the alleged abuser. It is unwise to encourage or discourage legal action and inappropriate to make any decision about this a condition of continuing treatment. The patient should always be encouraged to consider the possible consequences of such action.

(i) Although there are doubts about the validity of diagnoses of dissociated identity disorder (formerly multiple personality disorder) it is asserted by some that this condition is frequently associated with a history of childhood sexual

abuse. There seems little doubt that some cases of multiple personality are iatrogenically determined and psychiatrists should be careful to ensure that they do not directly encourage patients to develop 'alters' in whom they may invest aspects of their personality, fantasies or current problems. Any spontaneous presentation of dissociative identity disorder should be sympathetically considered but should not be made the subject of undue attention, nor should the patient be encouraged to develop further 'multiples'. Psychiatrists should be particularly aware of the unreliability of memories reported in these cases. Since there is no settled view on the validity of these diagnostic concepts there is a case for the preparation of a consensus statement which would need to be based upon a substantial literature review.

Implications for training and research

Postgraduate training.

Postgraduate psychiatric trainees should have:

- specific and detailed instruction in the psychological and neurobiological foundations of memory, including a critique of historical and current theories.

- a good understanding of the clinical and epidemiological aspects of child sexual abuse and child protection procedures. They should know the associations between childhood sexual abuse and adult psychopathology and their empirical validity.

- instruction on the dangers of suggestion and suggestibility, and a keen awareness that opinions and prejudices in the therapist may have a profound effect upon their patients. They should also understand how to minimize possible adverse effects of such influences.

- an awareness of the need to obtain collateral histories to amplify the clinical history and examination.

- an awareness of the need to review

their beliefs and practices in the light of new evidence and recognition of the limitations of their own knowledge and expertise.

Continuing professional development

Psychiatrists may not have made themselves aware of the developments in the understanding of memory, suggestion or of child sexual abuse and its possible consequences for adult psychotherapy. Continuing professional development should therefore ensure that, through courses and authoritative reviews, psychiatrists are kept up to date on these topics.

It is appropriate that all psychiatrists should have a general understanding of child abuse and its consequences. The skills required for the assessment or therapy of the abused and their families require additional training and experience. All psychiatrists should be open to new knowledge and ready to modify their beliefs and practices accordingly. Psychiatry as a profession should know the limits of its knowledge and experience.

Research

Further research is required into the nature and validity of such concepts as repression, dissociation and the psychoneuro-physiology of traumatic memories of all kinds. More precise definition of child sexual abuse, accurate recording of its type and duration, of the relationship between the victim and the perpetrator and the age of commencement and duration of the abuse are required for further studies. These studies need to examine the relationship between different varieties and severities of child sexual abuse and later adult psychopathology and to consider the influence of early experience in general, including the effects of physical and emotional abuse.

The College Psychiatric Bulletin (1997), 21, 663-665

This series is not intended to "forgive" or exonerate the morally repugnant phenomenon of child sexual abuse in any way, but simply to examine the methodology of scientific studies claiming that child sexual abuse causes adult psychiatric disorders.

Can People Repress Memories? Evidence of Prospective Studies Part II

'Cuz I Wanted to Forget

Harrison Pope, Jr., M.D.

In a previous column, we have seen that prospective studies of trauma victims consistently fail to show evidence of repression. But there remain four other prospective studies, to our knowledge, which have looked specifically at memories of childhood sexual abuse. If repression can be found anywhere, perhaps these studies are the place to look.

The first such study was published in 1990 by Donna Della Femina and her colleagues [1]. These investigators interviewed 69 young adults in Connecticut as part of a follow-up study of formerly incarcerated youths. The investigators possessed detailed information, obtained in evaluations many years earlier, about physical and sexual abuse which these subjects had experienced as children. Upon interviewing these subjects as young adults, the investigators found that 26, or 38% of them, reported childhood histories which were inconsistent with the information gathered on their earlier evaluations. Specifically, 18 of these 26 subjects were known to have been severely abused in childhood, yet they denied or minimized any history of abuse when they were interviewed. Had those 18 individuals repressed the memory of their trauma? And had the other 8 subjects, who suddenly revealed new information about childhood abuse, recovered old memories which had been repressed at the time of their initial evaluations?

Fortunately, Femina and her col-

leagues did not jump to these conclusions. Instead, they decided to re-contact the 26 subjects who had given interview information discrepant with their known histories. They managed to track down 11 of the 26 for a second interview, which they called the "clarification" interview. In the clarification interview, they took care to establish rapport, and then confronted the subjects with the known discrepancies in their responses.

On the clarification interview, it appears, all 11 of the subjects admitted that they had always remembered their abuse, but had simply chosen not to disclose the information to the interviewer, either during the first interview (for the 8 subjects who denied their previously recorded history of abuse) or on their initial evaluation (for the 3 subjects who revealed new information about abuse not recorded on their initial evaluation). When asked to explain the reasons that they had chosen to withhold the information, the subjects gave a variety of responses. For example, one girl, who was known to have been sexually abused by her father, and whose mother had attempted to drown her as a child, had minimized any abuse at all on the initial interview. When asked on the clarification interview why she did not previously disclose the information, she burst into tears and said, "I didn't say it 'cuz I wanted to forget. I wanted it to be private. I only cry when I think about it." Similarly, a boy who had been repeatedly beaten by his psychotic father denied abuse on his initial interview but then admitted to it on the clarification interview. When asked why, he said, "My father is doing well now. If I told now, I think he would kill himself." Another subject, who had also initially failed to disclose a known history of physical abuse, explained on the clarification interview that he had simply not liked the original interviewer.

Finally, looking at the 3 subjects

who described histories of abuse on interviews that were not recorded in their initial evaluations, the investigators again found that deliberate nondisclosure, rather than repression, was responsible for the discrepancies. Two of the subjects revealed that at the time of their earlier evaluations, they were too embarrassed to reveal what they had suffered. The third had refused to disclose his abuse because at the time he did not trust anybody.

In summary, then, the investigators documented many reasons why subjects might not reveal a history of childhood sexual or physical abuse on follow-up interviews. These include "embarrassment, a wish to protect parents, a sense of having deserved the abuse, a conscious wish to forget the past, and a lack of rapport with the interviewer." In no instance, however, was any subject found to have displayed repression.

What is the lesson of this? It is that people will sometimes choose not to disclose information, especially sensitive and embarrassing information like a history of childhood sexual abuse, on interviews. If this happens, it would be naive for us to jump to the conclusion that they have repressed their memories. Instead, as illustrated so well by Femina and her colleagues, it is critical to ask any non-disclosing subjects directly about their known trauma history, to see whether they will then acknowledge that they remember it.

The same considerations apply to a second recent study conducted in London, where investigators interviewed 20 women who had been removed from their homes as children by social service agencies [2]. These women were known to have been sexually abused, both from their own reports as children and by the report of an adult who had been familiar with the household at the time. The follow-up interviews were conducted when the subjects were 18-24 years old. On these interviews, three (15%) of the 20

women failed to give a "yes" answered to the question, "were you sexually abused as a child?" However, in this case, by the author's admission, none of the subjects was directly asked about her known sexual abuse history, and no "clarification interviews" were conducted later. Therefore, when it is considered that the rate of negative responses in this study was well below the 38% rate in the Femina study described above, it again seems that these findings can be easily explained on the basis of non-disclosure alone, without any need to postulate repression.

One other recent small study followed up 22 children who had reportedly been abused in one of three day-care centers [3]. Again, three of the children were said to display complete amnesia for their abuse when interviewed 5 to 10 years later. However, in this case there is a different problem: the children were reported to be a median of 2 1/2 years old at the time of the original abuse. Among the examples provided in the study, one child was in day care between the ages of 6 weeks and 12 months of age; another was 21 months old. As we have mentioned in previous columns, there is a large literature showing that children remember almost nothing from before the age of three, much less at 12 or 21 months. Thus the findings in this study appear readily explainable on the basis of childhood amnesia alone, again without any need to postulate repression. In addition, there remains the possibility of deliberate non-disclosure in this study as well, but the issue is not mentioned in the paper.

In summary, these three follow-up studies of victims of childhood sexual and physical abuse all fail to produce any evidence of repression. As Femina and her colleagues so clearly demonstrated in their "clarifications interviews," cases of seeming repression on initial interview regularly turn out to represent deliberate non-disclosure.

This leaves us with only one remaining prospective study of victims of childhood sexual abuse - our last chance, in effect to find an acceptable demonstration of repression in the scientific literature. But this study, performed by Linda Meyer Williams, is perhaps the most widely quoted study of them all. If there is any study which provides legitimate evidence of repression, many experts would say, the Williams study would be the one. Therefore, the Williams study deserves a particularly careful analysis in a column all to itself.

References

1. Femina, D.D., Yeager, C.A., Lewis, D.O.: Child abuse: adolescent records vs. adult recall. *Child Abuse Negl* 145: 227-231, 1990.
2. Bagley, C. *Child sexual abuse and mental health in adolescents and adults: British and Canadian perspectives*. Aldershot, UK: Avebury, 1995.
3. Burgess, A.W., Hartman, C.R., Baker, T. Memory presentations of childhood sexual abuse. *J Psychosocial Nursing* 33:9-15, 1995.

This column appears as a chapter in the book, Psychology Astray: Fallacies in Studies of "Repressed Memory" and Childhood Trauma, by Harrison G. Pope, Jr. M.D., Upton Books, 1996. Copies of this book are now available and may be obtained by writing to Social Issues Resources Series at 1100 Holland Drive, Boca Raton, Florida, 33427, or by calling 1-800-232-7477.

"It's not that I don't believe the government would try to hide dead aliens; it's that I don't think the government would succeed, since every time the government tries to do anything secretly, as in the Iran-contra arms deal, it winds up displaying all the finesse and stealth of an exploding cigar at a state funeral. If there really were dead aliens, I figure, there also would be daily leaks about it from High-level Officials, and huge arguments among influential congresspersons over whose district the multimillion-dollar Federal Dead Alien Storage Facility would be located in."

page 40 Dave Barry is not making this up. Fawcett Columbine, New York, 1994

HYPNOSIS

"In a sense, however, hypnosis has been unfairly singled-out by the media and the courts on this issue. Of the hundreds of expressive therapeutic techniques now extant, hypnosis is the only one for which there are substantial data on memory and its accuracy. For various historical reasons, no other therapy technique has been so scrupulously examined as to its effect on memory. Because of this, hypnosis has become a kind of whipping boy for the sins of psychotherapy in general. The media and the courts focus on the memory-distorting effects of hypnosis precisely because hypnosis researchers are the ones who have most rigorously documented how plastic memory is in treatment. They have thoroughly documented the role of expectation, suggestion, imagination, and fantasy as co-determinants of what people report remembering, in treatment and outside of it. It is not that these factors are absent in other expressive therapies, it is just that if one wants to find out what science has to say about how memories can be distorted in therapy, one is going to encounter hypnosis, and not much of anything else. Hypnosis research has delivered an important and disturbing message to society at large: passionately believed-in recollections about the past are not always what they appear to be. This message is so profoundly upsetting to cherished conventional notions of memory that courts, and some elements of the mental health community, yearn to "kill the messenger." The issue is much more complex than this. The problem is not just the nature of hypnosis per se, but the nature of memory as it emerges in the context of any psychotherapy." (page 516)

Michael Nash and R Nadon (1997) Hypnosis. In D. Faigman, D. Kaye, M. Saks, & J. Sanders (Eds.), *Modern scientific evidence: the law and science of expert testimony*. West Publishing Co., St. Paul, MN Social and Behavioral Sciences

FMSF Staff

U.S. Supreme Court to Revisit its Ground-Breaking Ruling in Daubert ^[1]

General Electric Co. v. Joiner, No. 96-188
(U.S. cert. granted March 17, 1997).

In a key post-Daubert case on the admissibility of disputed scientific evidence, the U.S. Supreme Court will revisit its 1993 decision. The issue currently before the court is what standard of review appellate courts should apply to trial judges' decisions on the admissibility of scientific evidence. It is expected that the court will also once again address the issue of "junk science." Oral arguments were heard October 14th.

The case, which has drawn widespread attention, involves an electrician who claims that on-the-job exposure to PCBs (polychlorinated biphenyls) caused early onset of lung cancer. The trial court ^[2] found there was insufficient evidence of exposure and that the expert testimony did not establish a scientifically valid link between PCBs and lung cancer. The trial court, therefore, granted defendants summary judgment. The Eleventh Circuit ^[3] reversed 2-1, holding the trial court had "improperly assessed" the admissibility of the scientific testimony. The majority stated a trial court should be particularly reluctant to bar evidence if the result is summary judgment.

Several analysts have said that the Eleventh Circuit ruling giving appellate courts broad power to re-examine admissibility decisions runs contrary to Daubert, which had given considerable gatekeeping powers to trial judges.^[4]

There has been some divergence in the U.S. circuit courts on the question of review by appellate courts. Most of the circuits considering the issue so far have adopted an "abuse of discretion" standard, though the language has tended to vary. Three circuits (5th, 9th and 10th) have adopted a traditional abuse of discretion analysis. Three others have embellished that approach somewhat, upholding the trial court's decision unless it was "manifestly erroneous" (6th and 7th) or constituted "a clear abuse of discretion" (8th).

In granting *certiorari* (accepting the case for review), the Supreme Court said it wanted to look at how appellate courts have examined decisions trial courts have made under its 1993 decision which instructed federal trial courts to play a "gatekeeper" role in admitting evidence. Under Daubert, trial judges were to examine the reasoning or methodology underlying testimony to determine whether it

was scientifically valid. The court emphasized the need for reliable evidence, entrusting to the gatekeeper the job of admitting only what is reliable and relevant.

In numerous *amicus curiae* (friend-of-the-court) briefs, national organizations of scientists, trial lawyers, chemical company workers, tort reformers and big corporations as well as the U.S. Justice Department say that the court's decision in the case will determine how civil cases are tried. Tort reformers argue trial judges must be able to scrutinize scientific evidence to keep out of courtrooms "junk science" that can unduly sway juries and distort verdicts.

Many of the *amicus curiae* briefs filed raise issues directly applicable to the evidentiary issues presented by "repressed memory" cases. For example, in a brief submitted by Bert Black (who also submitted a brief to court in the Daubert case), it is argued that the Eleventh Circuit's decision threatens the continued effectiveness of Daubert. Black writes, "[t]he Eleventh Circuit compounded its erroneous standard of review by seriously misinterpreting and misapplying Daubert's core holding that expert scientific testimony must derive from valid scientific reasoning. Because of its one-way strict scrutiny standard, the court was too quick to review the expert testimony, and when it 'looked hard' it looked in the wrong place. The Appellate Court essentially ignored the lack of connective reasoning and focused almost exclusively on the experts' qualifications and their bald assertions that they had used recognized and accepted procedures and methodologies. Indeed, by accepting such statements, the Eleventh Circuit allowed the experts to blur the important distinction between diagnosing what disease a patient has and what caused the disease. In some cases diagnosis does identify cause; for example, a diagnosis that a child has the measles is also a determination that his or her symptoms were caused by the measles virus. For a chronic disease like lung cancer, however, diagnosis does not establish cause. If it did, the expert testimony in this case would not be at issue."

The U.S. Supreme Court's decision in Joiner promises to determine a broad range of cases in which causation is a pivotal issue and where courts seek, under the "gatekeeper" role, to admit well-grounded scientific evidence while screening out "junk" science.

[1] Daubert v. Merrell Dow Pharmaceuticals, Inc., 509 U.S. 579 (1993).

[2] Joiner v. General Electric Co., 864 F.Supp. 1310 (N.D. Ga., 1994).

[3] Joiner v. General Electric Co., 78 F.3d 524 (11th Cir., 1996).

[4] The case has drawn strong words from many legal analysts. For example, former Attorney General Dick Thornburgh said the Eleventh Circuit ruling "only makes it more difficult to keep 'junk science' out of the courtroom...The Supreme Court must decide whether to reaffirm its confidence in the ability of trial court judges to differentiate between real and 'junk' science." See, Thornburgh, D. (Sept. 26, 1997) "Supreme Court should confirm trial judges' authority to review scientific evidence," *Legal Opinion Letter*, Washington Legal Foundation, Vol. 7, No. 26.



Malpractice Suit Against Therapists Set to go to Trial; U.S. District Court Rejects Summary Judgment Motion

Lujan v. Mansmann, Neuhausel and Genesis Associates
1997 U.S. Dist. LEXIS 14987, Sept. 24, 1997.

The U.S. District Court recently denied a defense motion for summary judgment in a malpractice case brought by Brook Lujan against her former psychologist Patricia Mansmann, social worker Patricia Neuhausel, and Genesis Associates. [1] Defendants argues that the case was filed too late. The ruling is the second [2] issued in this case by Judge John R. Padova and represents only one of several malpractice lawsuits pending in District Court against the defendants.

Lujan had sought treatment for emotional problems, including bulimia. The counseling, her Complaint states, encouraged her "to believe in certain memories, including memories of satanic abuse, satanic murders, and deviant sexual assaults" and "convinced her to believe she was being stalked by a cult and that her life was in danger." In 1992, defendants terminated Lujan's treatment, until, as they explained, the danger from the cult subsided. It was not until December 1995, when Lujan received information concerning her parents' third-party lawsuit [3] against her therapists, that Lujan says she began to question the veracity of her memories, and the appropriateness of the treatment she received.

Lujan's Complaint was filed July 17, 1996, approximately 4 years after termination of her therapy. Pennsylvania's two-year statute of limitations allows a plaintiff two years within which to commence an action for "injuries to the person." 41 Pa. Cons. Stat. Ann. §5524(2). However, the "discovery rule" may apply where, regardless of the exercise of all reasonable diligence, the complainant is unaware that she has suffered an injury, or unaware of its cause, or both, during the limitations period. Following a detailed review of the recent Pennsylvania Supreme Court decision [4] regarding application of the discovery rule, the U.S. District Court concluded that the nature of the injury could render Lujan unable to distinguish between true and false memories. "Defendants' position would require me to conclude as a matter of law that a person in Plaintiff's position would regard her distressing symptoms as being imposed by an injury caused by another party's wrongful conduct rather than being part of her underlying condition and legitimate therapy. This I refuse to do on this record...Given the nature of Plaintiff's claim of implanted false memories, I find that some uncertainty and inconsistency with respect to the veracity of the memories does not invalidate her claim as a matter of law."

The District Court specifically rejected defendants' arguments that Lujan was on notice and should have known

she suffered an injury during the years she was in therapy because of the distress she admits she felt at the time. Lujan states that during therapy she developed intensely physical and distressing symptoms including intense headaches, recurrent nightmares, flashbacks, and deterioration into a catatonic state as a result of the alleged implantation of false memories. However, Lujan argues that, although she suffered these symptoms, she had no reason to know that she had suffered an injury; she thought she was receiving helpful therapy. [5]

Defendants also argue that Lujan was on notice in 1993 because, by Lujan's own admission, she had begun to question whether her treatment at Genesis was not "so good." The court held that it could not conclude that there are no genuine issues of material fact as to the state of Plaintiff's knowledge and whether she had sufficient critical facts to put her on notice that she could sue.

The court dismissed the breach of contract claim in the Amended Complaint, noting that the damages sought by Lujan are the same damages she seeks for her torts claims. She does not seek money to pay for psychotherapy to complete the work that was undertaken by the contract or to correct the damage that Defendants' treatment has allegedly done her. The court held that Lujan's punitive damages claim would go forward. Genuine issues of material fact as to whether defendants' behavior could constitute outrageous conduct were raised by plaintiff's submissions.

As an example, the court quoted from Brook Lujan's expert who described her termination by the defendants, "the conduct of psychotherapy was perhaps at its most bizarre at the time of Brook's abrupt termination from Genesis, which took place at a Burger King Restaurant. This termination violated the standard of care. Brook was unduly influenced to sign a paper agreeing to her termination, without even being referred to another therapist. Brook was pressured to leave so as to protect herself and the Genesis therapist from unproven Satanic cult threats. Brook was persuaded to change her name and her physical appearance, even to the point of having plastic surgery. Brook was persuaded to move far away, and essentially disavow any knowledge of her previous life or identity. With Brook's dependence on the therapists firmly established and in a hysterical, disorienting, and paranoia and panic-producing atmosphere, Brook complied with these demands. Brook's college education also had to be abruptly terminated by this move."

[1] Lujan's causes of action were negligence, breach of contract, gross negligence, intentional infliction of emotional distress, negligent infliction of emotional distress, breach of confidentiality, and conduct justifying punitive damages. The claims of fraudulent misrepresentation and violation of the Racketeer Influenced and Corrupt Organization Act were dropped from the Amended Complaint.

[2] Lujan v. Mansmann, et al., 956 F. Supp. 1218 (E.D. Pa., 1997). See, *FMSF Newsletter*, May 1997.

[3] Lujan v. Genesis Assoc., 935 F. Supp. 1375 (E.D. Pa., 1996).

[4] *Dalrymple v. Brown*, 1997 WL 499945 (Pa., Aug. 25, 1997). See, *FMSF Newsletter*, Oct. 1997.

[5] In this regard, the Court quotes from a supplemental report submitted by Lujan's expert Dr. Linda Jayne Dubrow, "When a person has an experience involving influence that results in the inducement and reinforcement of distorted memories, the individual has no overt cause to question these memories or to perceive them as any different from real memories. The person assumes that the person or people influencing them are well-intentioned and sincere, have their best interests at heart, and that, therefore, these memories are 'real.'"



Malpractice Suit Against Dr. Bennett Braun Scheduled for Trial in November

Burgus v. Braun, Circuit Court, Cook County, Illinois,
Case Nos. 91L8493/91L8493 [1]

A malpractice suit challenging "repressed memory" therapy that was filed six years ago is scheduled for trial November 3, 1997 in Cook County Circuit Court. The trial, which is expected to last 6-14 weeks, will simultaneously hear three suits brought by Patricia Burgus, her husband, and two minor children against Dr. Bennett Braun, Rush-Presbyterian Hospital and Dr. Elva Poznanski.

In 1986, Patricia Burgus was one of the first patients on the dissociative disorders unit founded by Bennett Braun, M.D. at Rush-Presbyterian St. Luke's Medical Center, Chicago. She originally sought treatment for depression following the difficult birth of her second son. She was under Braun's care and supervision at Rush until 1992.

During that period, Braun used tapes of interviews with Pat to teach residents, other doctors and the media about multiple personality disorder (MPD). Under high doses of medication, and receiving hypnotism, Pat now says reality and fantasy "blended together." Pat became convinced that she had over 300 alternate personalities as a result of extended and repeated traumatic childhood abuse including participation in ritual murders, cannibalism, Satan worship, and torture by family members. Pat explained to Frontline, "I was told that, until I hit bottom, until I dug all of this stuff out, I would never get better and I would never have a chance for any kind of a future for my children."

Pat Burgus's two young sons, Mikey and John, were hospitalized at Rush for almost three years under Braun's care. Pat explained to Frontline that she and her husband were told that their children needed to be hospitalized because the boys may be genetically predisposed to MPD. Because Rush is a teaching hospital, if the disorder developed, they were told, it could be caught and treated. John was admitted at age 5 and Mikey was admitted to the children's psychiatric ward on an emergency basis when he was 4 years old. Braun reportedly told the family that unless Mikey was in the hospital over Halloween, he would be in mortal danger. During the years of hospitalizations, the two young boys received psychotherapy from Braun and from another defendant, Dr. Elva Poznanski. They were encour-

aged to develop "alter personalities" and to display behaviors consistent with a supposed MPD. Braun, the Complaints state, used suggestive and coercive techniques including exposure to guns and handcuffs in order to encourage the children to "remember" episodes of abuse as part of a supposed transgenerational, organized satanic cult. The children would receive stickers for telling "yucky secrets." The more yucky secrets they were able to tell, the more stickers they got for that day. [2]

The three years of treatment cost over \$3 million. According to the Complaint, as a result of treatment by defendants Braun and Poznanski and during their hospitalization at Rush, the minor children became increasingly mentally ill. Pat's previously close relationship with her husband and parents was destroyed. She came to falsely believe that she had been abused and that she had in turn abused her own children. According to the Complaint, Braun failed to advise that the diagnosis of MPD was controversial, that MPD can be caused by improper therapy, and that the mental health community is divided as to whether it exists or not. Instead he told Pat that the "memories" being uncovered represented real memories of actual historical events and that she was the only person questioning the validity of memories of transgenerational satanic cults. The Burgus family reasonably relied on those representations.

Defendant Rush-Presbyterian is charged with failure to adequately supervise the activities of Dr. Braun and failure to perform adequate inspections of the conditions existing on the unit which hospitalized Burgus.

[1] Information taken from Complaint filed Nov. 16, 1993; Second Amended Complaint, No. 93 L 14050, filed Aug. 8, 1994; Third Amended Complaint, No. 91 L 8493, filed Nov. 2, 1994. See also PBS Frontline, (11/1/95) "The Search for Satan," producer Ofra Bikel.

[2] For example, Dr. Braun related one of John's stories in court testimony as proof of satanic activities, explaining that a 5-year-old boy told a story of sticking a knife in a man's abdomen and how the intestines popped out and smelled terrible. Braun suggested that this story could only come from direct experience. It should be noted that Pat Burgus says Braun dismissed her query that the story could have come from a scene in a Star Wars movie that John had seen. In "The Empire Strikes Back," after Luke Skywalker cuts open the beast he was riding, all the guts spill out and Skywalker comments on how terrible it smells.



Canadian Courts Strike Down as Unconstitutional a Recent Bill to Limit Access to Accuser's Records [1]

On May 12, 1997, the Canadian Parliament passed Bill C-46 which sharply restricted the ability of criminal defense lawyers to obtain third-party records such as counseling or therapy histories.

The constitutionality of Bill C-46 has been called into question by recent Canadian Appellate decisions. These courts have considered the extent to which Bill C-46 impairs the ability of the accused to make full answer and

defense and thus deprives him of his constitutional right to a fair trial under the Canadian Charter of Rights and Freedoms.

In 1996 prior to enactment of Bill C-46, the Supreme Court of Canada [2] outlined a procedure under which production and admissibility of a witness's records may be granted. Following an O'Connor application, a trial judge is to examine the records in question to determine their relevancy. If he or she concludes that a record is relevant, the judge then proceeds to balance the competing interests, that is, balancing a witness's right to privacy with the right of an accused to access information necessary for meaningful and full defense. The trial judge is to examine the records to determine whether and to what extent they should be produced to the accused.

The O'Connor court held that when the information is in the hands of a third party, the party seeking the records bears an initial burden of establishing "likely relevance." The majority made it clear that the likely relevance test was a low threshold, because at that point, the accused has not seen the records in question, and to a significant extent is forced to speculate as to what records exist and what may or may not be contained in them.

[1] Copies of both decisions are available from the FMSF Brief Bank.

[2] *Regina v. O'Connor*, [1995] 4 S.C.R. 411, 130 D.L.R. (4th) 235, [1996] 103 C.C.C. (3d) 1. The majority in O'Connor made it clear that the right of the accused to make full answer and defense is extremely important, "[a]s a result, information in the possession of the Crown which is clearly relevant and important to the ability of the accused to raise a defense must be disclosed to the accused, regardless of any potential claim of privilege that might arise...Unless the Crown can prove that the records in question are clearly irrelevant or subject to some form of public interest privilege, the therapeutic records must be disclosed to the defense."

***Regina v. Mills*, Court of Queen's Bench of Alberta, Edmonton, [1997] A.J. No. 891, dated Sept. 18, 1997.**

An Alberta court judge held that the provisions of Bill C-46 breach the accused's rights under section 7 and 11(d) of the Canadian Charter of Rights and Freedoms. In a 37-page ruling, Justice Paul Belzil of Court of Queen's Bench, Alberta ruled Bill C-46 infringes on the rights of accused persons by overly restricting their access to complainants' records. The judge did not rule on the law's constitutionality under section 1 of the Canadian Charter.

The ruling came in a case of a man charged with sexual assault of an 11-year-old-girl and followed defense application for production of the accuser's therapeutic records. After a thorough discussion of the O'Connor decision, Justice Belzil said the new federal law sacrifices the balance of rights called for by the Supreme Court. It favors the privacy rights of accusers over the accused's rights to a fair trial and "tilts that balance and creates a legislative regime which is presumptive against disclosure" of such

records. Belzil noted that none of the justices of the O'Connor court contemplated that a judge would make a relevancy decision in a vacuum without seeing the records. Bill C-46, he wrote, forces a trial judge, without having seen the documents, to engage in a balancing of interests, a situation specifically rejected by the O'Connor court. In so doing, Bill C-46 blurs the distinction between production and admissibility.

***Regina v. Lee*, Ontario Court of Justice (General Division), [1997] O.J. No. 3796, released Sept 24, 1997**

An Ontario Court judge struck down Bill C-46 as unconstitutional. The ruling by Madam Justice Sandra Chapnik came in response to a bid by a Toronto doctor to obtain the medical, therapeutic and psychiatric records of a former patient whose allegations led to his facing two charges of sexual assault. After examining the records, Justice Chapnik ruled that some were likely relevant.

Justice Chapnik concluded the Crown had failed to show that the new restrictions in Bill C-46 were a reasonable limit on the fair trial rights of an accused, adding: "In coming to this conclusion, I have considered all the rights in question, including the privacy and equality rights of complainants and witnesses." Describing the charter violations as "serious and pervasive," she not only struck down the new law, but ordered the production of the records requested by the defense to proceed according to the older procedures laid down by O'Connor.

Following this ruling, the accuser indicated she would drop the complaint if the defense gained access to her medical records. Faced with the loss of its key witness, the Crown withdrew the charges and requested an acquittal. The acquittal was granted early in October.

Justice Chapnik's decision binds the lower courts in Ontario and will be persuasive among other general division judges if no conflicting rulings are made.

"Confirmation bias should be a matter of great interest and concern to lawyers and judges. For example, lie-detector (polygraph) examiners may start with a hypothesis that they "confirm" by asking just the right questions. Or a mental health professional investigating child abuse may too readily (albeit unwittingly) collaborate with the presumed victim to create memories of abuse that never occurred. The easily made diagnosis of child abuse can be notoriously difficult to falsify, particularly when the victim is an adult and the abuse occurred early in childhood. This has led to several spectacular miscarriages of justice."

page 45

Foster, K. R. and Huber, P. 1997. *Judging science: scientific knowledge and the federal courts*. Cambridge: The MIT Press.

Families Fight Clinic on False Memory Slurs

Mail on Sunday, October 19, 1997
Fidelma Cook

The first case of an accused family bringing legal proceedings against a clinic for the use of memory recovery techniques has received much publicity in Great Britain. Katrina Fairlie accused her father and 17 other men, including two MPs, of abuse and even claimed that her father, Jim, had beaten a six-year-old girl to death in front of her. Police quickly launched an investigations but there was no truth to any of her allegations.

Five other families have now joined Mr. Fairlie and are ready to testify against the Murray Royal Hospital in Perth, Scotland. All five families want an inquiry into the treatment provided by the clinic Giga, a psychiatric annex of Murray Royal.

The Fairlie's have four other children ages 30 to 35 who were told that they would put their sister's life at risk if they told their father. Eventually they did confront him and the Fairlies began the fight to clear his name. Katrina was moved to another hospital and she decided that nothing had been done wrong to her as a child.

Jim Fairlie says that he is fighting because "I must right a wrong, to name people who were prepared to see a family destroyed rather than admit they had made a mistake."



Psychologist With Suspended License Still Seeing Patients

Idaho Falls Post Register
September 20, 1997, Mike Barenti

In July, 1996 the Idaho Board of Psychology Examiners suspended Mark D. Stephenson's license for three years. (See *FMSF Newsletter* September, 1996). Some of Stephenson's former patients had

accused him of, among other things, planting false memories about childhood sexual abuse while they were under hypnosis, although Stephenson denied that. Stephenson appealed the Board's decision but it was upheld in September.

Stephenson is still practicing. He has an ad in the counselor section in the Idaho Falls Yellow Pages. It is legal in Idaho to practice as a counselor if a person has had another license taken away. (It is legal in most states.) Stephenson claims that his practice has changed since he lost his license but he also said that an individual patient would not notice any change in the treatment.

State representative Tom Loertscher is trying to find a way to change the laws that allow a person whose license has been removed to continue to practice. "It seems to me it defeats the whole purpose of a psychology licensing law," he said.



Executive Summary of the Third National Incidence Study of Child Abuse and Neglect

Sedlak, A. and Broadhurst, D.
U.S. Department of Health and Human Services
September 1996

- Children from families with annual incomes below \$15,000 as compared to children from families with annual incomes above \$30,000 per year were over 22 times more likely to experience some form of maltreatment that fit the harm Standard and over 25 times more likely to suffer some form of maltreatment as defined by the Endangerment Standard.

- Children from the lowest income families were 18 times more likely to be sexually abused, almost 56 times more likely to be educationally neglected, and over 22 times more likely to be seriously injured from mal-

treatment as defined under the Harm Standard than children from the higher income families.

- Children of single parents had a 77-percent greater risk of being harmed by physical abuse, an 87-percent greater risk of being harmed by physical neglect, and an 80-percent greater risk of suffering serious injury or harm from abuse or neglect than children living with both parents.

- Girls were sexually abused three times more often than boys.

- Boys had a greater risk of emotional neglect and of serious injury than girls.



"You the Jury" Decide the Verdict

You the Jury presents both sides of the debate over recovered memories in the form of a legal trial brought fifteen years after the alleged incident. Written by Mark Roseman, Esq, William Craig, Esq and Gini Graham Scott, the alleged victim accused her step-father of sexual abuse that she did not remember until recently. The book includes material for the reader to use to vote on a decision. Sometime in the spring of 1998, publisher Seven Locks Press will announce the results of the verdict. Don't forget to vote!

Editors note: Because it is a step-father who is accused, this case is somewhat different than most of the cases that have been brought to the attention of the FMS Foundation. There are many wonderful loving step-fathers in this world. The data on abuse by fathers as opposed to step-fathers is shockingly different. For example in the ultimate abuse, death, step-fathers are 100 times more likely to perpetrate that crime than are fathers. (See "Relative Danger" by Colin Tudge in the September 1997 issue of *Natural History* for a summary of the research in this area.)

Crimes of the Mouth

Reviewed by Loren Pankratz, Ph.D.

Language Crimes: The use and abuse of language evidence in the courtroom by Roger Shuy. Cambridge, MA: Blackwell Publishers Inc., 1993 (hardbound); 1996 (paperback) 208 pp.

In some legal cases, language is the major (if not only) evidence offered by the prosecution. For example, in cases of bribery, threatening, perjury, and conspiracy the jury must decide the intentions of the defendant's words. Shuy calls these language crimes.

Roger Shuy is a linguist who has consulted on about 200 legal cases and testified in court some 35 times. His specialty is analysis of meaning about the way words are used, usually on taped interviews or from surreptitious recordings. All the case examples in his book, interestingly, are from work he did for the defense.

To evaluate the intentions of someone's words, we must rely on an understanding of how language works. On the surface this seems to be an obvious task, but Shuy quickly dispels this idea by describing the preconceptions and prejudices we bring to each situation. In case after case Shuy demonstrates how the language of the defendant, when analyzed linguistically, failed to provide evidence of guilt.

Take the simple situation of agreement. Shuy shows that responses of agreement can range from multiple positive (Yes, indeed) to lax endorsement (Uh-huh), with three additional forms between. In fact, the "Uh-huh" response may not be agreement at all but, rather, feedback that can mean "I hear what you are saying;" "Keep talking;" or "I have not yet fallen asleep."

People get in trouble when they

agree to do illegal things. John DeLorean, for example, was charged with agreeing to buy illegal drugs to bail out his automotive venture. The linguistic evidence, however, showed DeLorean used strong agreement language when discussing the loan and merely listening responses to the drug deals. The jury agreed with the linguistic evidence and found DeLorean not guilty.

The chapter on Asking Questions may be of particular interest to readers of this newsletter. In 1985 Shuy analyzed the transcript of an interview of a three-year-old girl by a social worker trained to investigate sexual abuse. He begins by saying: "I had listened to thousands of tape-recorded conversations and interviews in my academic career, but as I listened to this one, it seemed that it was one of the most inept interviewing styles I had ever heard" (p186).

The interviewer erred in mixing a therapeutic interview style with an interrogation style, which confused the child. Not only did the child misunderstand the interviewer, but the interviewer misunderstood the child. Perhaps this was not exactly a misunderstanding but the expected actions of an eager interviewer who had already made up her mind that this child had been abused. In 1985 Shuy clearly understood that anatomical dolls could be a source of communication error because of the different "schemas" used by the child (the doll being a toy) and the interviewer (the doll being a tool for communication about abuse). The child interacted with the doll in the present tense, whereas the interviewer incorrectly heard the child giving information about the past. Shuy provides a section of the transcript with his analysis, showing how the interviewer repeatedly twisted the child's time frame and the child's words.

The interviewer made flagrant linguistic errors when she inaccurately

restated the child's words. It is common in talking with children to repeat what they say as a check on the accuracy of one's hearing or perception. As children get older and more experienced with language, they realize that they must say whether or not the restatement is correct. In this case the child endorsed the misstated phrases of the interviewer, not because she wanted to confirm the statements but because she had not yet acquired the skill of correction. Further, the interviewer used grammatical construction beyond the comprehension of the child. The child used mostly prepositions that were *locative* (on the grass) and *connective* (I had on pajamas). However, on 20 occasions the interviewer used prepositions in more complex ways: *attributive* (what is this picture of?) and *agentive* (Show me with the dolls).

Despite the lack of linguistic evidence of guilt, the defendant in this case was not as fortunate as DeLorean. Shuy undoubtedly understood that his book entitled *Language Crimes* conveys a double meaning.

Loren Pankratz, Ph.D., is Consultation Psychologist and Clinical Professor, Oregon Health Sciences University, Portland, Oregon. He is a member of the FMSF Scientific Advisory Board.

Pennsylvania, 1995

24,109 reports of *suspected* child abuse

6,891 reports were *substantiated*. Listed in Abuse Registry.

135 substantiated reports were changed from *indicated* to *founded* due to court activity, including criminal conviction of perpetrators.

A report is *substantiated* or *indicated* when the CPS staff finds abuse has occurred based on medical evidence, the CPS investigation or an admission by the perpetrator.

PA Dept of Public Welfare
20th Annual Child Abuse Report

SPECIAL JOURNAL ISSUES

The following journal issues focused on the topic of recovered memories and/or suggestion. More are expected.

<i>Psychology & Theology</i>	Fall 1992
<i>American Journal of Clinical Hypnosis</i>	January 1994
<i>Applied Cognitive Psychology</i>	August 1994
<i>Consciousness & Cognition</i>	Sept-Dec 1994
<i>International Journal of Clinical Hypnosis (Part 1)</i>	October 1994
<i>International Journal of Clinical Hypnosis (Part 2)</i>	April 1995
<i>Counseling Psychologist</i>	April 1995
<i>Psychology, Public Policy and Law</i>	June, 1995
<i>Journal of Psychiatry & Law</i>	Fall 1995
<i>Skeptic</i>	Fall 1995
<i>Journal of Traumatic Stress</i>	October 1995
<i>Psychiatric Annals</i>	December 1995
<i>Psychoanalytic Dialogues</i> , 6(2)	1996
<i>Psychological Inquiry</i> , 7(2)	1996
<i>Memory & Language</i>	April 1996
<i>Professional Psychology: Research & Practice</i> 27(5)	1996
<i>Journal of Psychiatry & Law</i>	Summer, 1996

"Where Greed Killed the Patient" A Wrongful Death

"The mental health community, already reeling from the aftershocks of the repressed-memory witch hunt, in which thousands of people lost their reputations and even their freedom because of questionable and in many cases patently ridiculous memories of sexual abuse "recovered" by their adult children during therapy, faces an even worse indictment in the chilling new book, *A Wrongful Death*.

From a review of *A Wrongful Death: One Child's Fatal Encounter with Public Health and Private Greed* by Leon Bing (Villard Publishers)

September 21, 1997

Cleveland Plain Dealer

(This book is the complete story of Christy, who was described in a chapter of Richard Ofshe's book *Making Monsters*.)

MAKE

a

DIFFERENCE

When bad men combine, the good must associate; else they will fall one by one, an unpitied sacrifice in a contemptible struggle.

Edmund Burke Vol. i. p. 526.
Thoughts on the Cause of the Present Discontent

This is a column that will let you know what people are doing to counteract the harm done by FMS. Remember that five years ago, FMSF didn't exist. A group of 50 or so people found each other and today more than 18,000 have reported similar experiences. Together we have made a difference. How did this happen?

Illinois: Many cities have a "City" magazine. Recently an FMSF Mom was reading her local publication and its "Best Doctors" list. Under the heading Mental Health she was shocked to see a doctor who specialized in MPD (now DID). This doctor has six pending lawsuits against him.

She contacted the publisher and asked how this doctor got on the "Best List" The publisher asked for documentation and was sent a very full file. The mom received an appreciative response from the publisher and an assurance that the doctor would not appear on the next list.

Missouri: An FMSF Dad wrote to say: "I put copies of three books in three branches of the public library. They were *Second Thoughts*, *Making Monsters* and *Beware the Talking Cure*. They have been checked out almost continually since they hit the shelves. One branch even ordered another copy of *Beware the Talking Cure* to meet the backlog of requests. I don't think this issue is quite dead yet here. I was pleased with the way the books were received."

California: An FMSF Dad said he saw the made-for-TV movie about Eileen Franklin (played by Shelly Long) and her father George. The movie ends with George being found guilty of murder and being sent to jail. Since this movie is still being recycled on cable TV and still sending out misinformation, he wrote to the producer to ask that they add a postscript indicating that after six and a half years in prison George Franklin was set free and is now suing his daughter, the prosecutor, and expert witness Lenore Terr.

Send your ideas to Katie Spanuella c/o FMSF.

We are Indebted to You

We feel we have a debt to pay to so many individuals: especially to the many family members who were falsely accused prior to 1995, to the FMS Foundation, to every FMS state and local coordinator in America, and to those who have used their writing skills to expose the dangers of Age Regression/False Memory Therapy.

When we were accused on January 20, 1995 our world exploded, our lives were ground to sawdust, and our emotions were simply a raw piece of meat. It was from all of you who were already engaged in this battle that we found the comfort and information we desperately needed. *Your* fight and stand to not give in caused articles to be written and the media to take an in-depth look. *You* banded together, the Foundation emerged, an 800 number was made available. If this devastation has happened to our family in the 1980s or early 1990s (like most of you), I am not sure that we would have survived. Who would we have turned to prior to 1992 to give us the understanding and insights in regard to this sick therapy in order to know what had happened to our daughters?

It was the forward motion of the efforts of all of *you* who have gone before us that provided a "safety net" to catch us in our fatal fall when our family was destroyed, and we had lost our 3 daughters. *You* were there to prop us up when we were bleeding and had no strength of our own. *You* were there when I went to the library to search for materials that were available to help us unravel the nightmare and get a grasp on the madness. If prosecuted I was facing 7 years to life in prison, but thank God, *He* was there and so were *you*!

Our family today is restored, completely reconciled, and in a lot of ways closer than we have ever been. Thank

you for being there for us...now we want to be there for *YOU*.

With love and warm regards,
The Rutherford Family
Springfield, MO



Tinker-Bell Theory

I have arrived at a major breakthrough in memory studies, and I thought that I should share the results of my research with you.

After many months of careful study and thoughtful research, I have formulated a new theory of how human memory works. I call this the Tinker-Bell theory. What I have concluded is that there is a tiny invisible "memory fairy," who strongly resembles Walt Disney's Tinker-Bell (or at least she would if you could see her — which, unfortunately you can't, because she is invisible). The Memory Fairy carries a little magic wand with a tiny star on top. She flies around and from time to time will tap someone on the noggin with her wand. This will cause the person to lose her memory of some traumatic event which occurred during childhood. Sometimes the Memory Fairy will return and tap the person on the bean a second time, thereby causing her to remember the event again, but sometimes this doesn't happen and the person never remembers the forgotten traumatic event.

Now a few purists have taken me to task for this theory, saying that it is unscientific and without empirical foundation. I merely scoff at these naysayers, however, and point to the Williams and Corwin studies, which conclusively demonstrate the existence of the Memory Fairy. These studies clearly prove that people sometimes forget an event which occurred a long time ago, and sometimes remember it again, and sometimes don't. What better proof for the existence of the Memory Fairy could you want?

I'd tell you more about the



A Family Reconciliation

There are four children in our family, two sons and two daughters. We were a close and caring family.

When we retired, we moved to the west coast for health reasons. Our children and their families remained in the mid-west. We visited each others homes regularly and shared vacation trips together. Our relationship with our grandchildren was warm and loving.

Our oldest daughter, after a bitter and contentious divorce, became a single parent with three children.

About 5 1/2 years ago, we received a registered letter from her, describing vividly how her father sexually molested her, starting when she was two years old. Her mother was named as the enabler. The realization of that experience came to her in a series of dreams. The accusation was devastating for us. She demanded that all contact with her and her children should end.

A few weeks later our younger daughter broke contact with us, the reason given for the separation was that the "overriding responsibilities" for her parents during her childhood years was too big a burden for her.

Not knowing how to cope with this "double whammy" (our sons during the five years were understanding and supportive), we were fortunate to read an article about FMS in our local paper. Our education about false memory syndrome began when we joined the FMS group. We met many other parents who had similar accusations from their children and experienced the same feelings of anger, pain, disbelief and frustration.

A therapist was invited to speak to

"D. L."

the group. His presentation made us aware that we had to change our direction in finding the solution for our problems.

We contacted the therapist and after, became his clients for a period of three years. We agreed that the way of reconciliation was to be our goal. The overall agenda consisted of learning ways of how to temper our rage, anger, pain and expectations. We were encouraged to keep contact by mail, even though we received no replies from our daughters.

About a year ago we realized that our overtures were being ignored. We decided to take a risk, and write them that either they join us in a reconciliation effort or we would go on with our lives without them completely!

In a few weeks we received replies from our daughters, saying in essence that they did not want a final break and are willing to join the peace effort. Letters and phone calls were exchanged during the following year. Recently we received a call from our oldest daughter, saying that she made a commitment to visit us. At first, the condition that she insisted on was to meet and talk only to her mother. As time went on, she modified her demands and included her father in the process.

Meanwhile, our younger daughter let us know that she would come to see us after her sister left, for her own opportunity to reconcile with us. Their visits were encouraging.

Our oldest daughter is only a returner. She admits that she was emotionally and physically ill during the time of the separation. She will not discuss anything beyond these admissions. We flew to her home this past month with the purpose of reestablishing a close relationship with our three grandchildren. The reality is painful, knowing that that situation might not occur.

Relieved Parents



An Accidental Meeting

It was five years after the accusation. In November, I visited my middle daughter and her family. She lives about ten minutes away from her accusing sister. We decided on a sunny day to go to a crafts fair nearby. As we walked, my daughter, son-in-law and grandchildren stopped...stunned and surprised. "This is your chance Mom" my daughter said, nudging me forward. In front of us stood my estranged daughter and granddaughter. I hadn't seen this child since she was an infant.

I was hoping to put into action everything I had learned regarding our troubled children ... focusing on her, reassuring her of our unconditional love. Instead, I confronted her with some of the accusations that I had learned about from her sisters. She kept saying, "Who told you those things? I never said that." I made eye contact and said, "I love you. I brought you home a preemie and breathed life into you. Why are you doing this?" As we exchanged words, all I could think of was that she wasn't running away with her child who kept peeking out from behind her mother's back. I was reeling with false hopes when my granddaughter asked, "Mommy, who is this lady?" My daughter answered, "S", this is my mom." No malice ... no vindictiveness ... merely a statement. Did I detect a bit of warmth?

I knelt down to talk to my granddaughter, "S" do you like to look at pictures?" I asked. "Perhaps this is not an appropriate place to talk," my daughter said sharply. "I agree." I said. "Let's meet at a psychiatrist's office or wherever you wish. We had talked for almost 15 minutes.

She took "S's" hand and started to rush away. She spilled ice cream on her blouse. That was my fault, I thought. I could see the anger in her eyes. One step at a time, I thought keeping in mind that if she returned that would be the time to demand total respect. This encounter led to a flurry of phone calls

made to my husband and youngest daughter by the accusing daughter. As she did in the beginning, she tried to divide the family. She insisted that I molested her in the same breath stating that she loved me and cried. She retracted her accusation that her father had raped her and her sister. She was confused, she said. A mistake. No, it never happened. She wanted to send her father a letter but he refused stating that he and I were as one.

I am back to square one... not defeated... a stronger resolve and determination to bring this issue to those who need to know.

A Mom



What Can We Do?

In a letter in the May, 1995 newsletter a letter from a parent suggested that we should neither sue nor threaten the therapist unless we have given up all hope of reconciliation. I thought this was good advice, particularly regarding threats because we've all learned by now that threats usually do more harm than good. It goes without saying that a lawsuit is a perilous and hideously expensive activity.

However, I urge deep consideration of an alternative: filing a complaint on your own about your child's therapist with your state licensing agency. (This is not a lawsuit.)

Why is this important? Unless the family-destroying horror of false accusations is brought directly to state licensing authorities, the epidemic will never end. Let us not imagine that this rampant disease will simply fizzle like most American fads: the false memory industry produces income too large to be easily sacrificed. Equally foolish would be to rely on the professional organizations to discipline themselves, for some of their constituency are captains of the industry.

Although the staffs of most of the licensing agencies are aware of the problem, they cannot do anything

unless they have a great many specific cases to deal with.

There may be consequences in filing a complaint. In my case my daughter's therapists told her about the complaint I had made to the professional discipline board. (How this was supposed to contribute to her "healing" I do not know.) The therapist described this to my daughter as an assault on her "safe place," further proof that I am a monster and "in denial." Does my daughter despise me any more than she already did? Will it further delay some sort of reconciliation? Likely not. For one thing it didn't make the situation any worse and, in fact, it might speed things up. The investigator, not finding

Memorable Moments

Memorable moments are often accompanied by conflicting emotions. Such was the case recently, when we opened a letter with an unfamiliar return address. The letter was from an attorney advising us of a bequest a mother had made to the False Memory Syndrome Foundation.

The name was not immediately familiar. We checked our records and found that she had joined the Foundation once a few years back but did not renew her membership. At that point, we felt sadness that we did not get to know her and that the recovered memory episode in her family may not have resolved in her own lifetime. Having said that, the overriding feelings were of respect and gratitude; profound respect for her recognition that the important work of the Foundation extends beyond her lifetime, and gratitude for a generous gift that helps to meet urgent needs in the coming year.

A volunteer worker suggested that we share this experience with you because he felt others may want to do something similar. He reminded us that grand human achievements often span more than a single lifetime.

in favor of the therapist, might stir up some doubts. My going public to the state agency may demonstrate fearless confidence in my innocence.

In any event, a record of the complaint will be placed in the therapist's file no matter the outcome, and may well increase her malpractice insurance premiums.

There is, however, the possibility that the therapist may vengefully encourage my daughter to take legal action against me. The risks of remaining alive!

Would it have been better to play safe, in effect to have given this horror the active support of my silence? Decent Germans did this for the rise of Hitler. The silence of decent Southerners gave license to lynchings. How is this different?

An Angry Father

BEFORE

Dear Mom and Dad,

How can I thank you enough for the help you have given to us this week. Mom, your gift of time has been the most blessed gift of all. What a joy this week has been to have you here.

Thanks for the clothes for our little princess. Isn't she wonderful?

It has been great having family around this delivery. Your faces through the labor and delivery window while I was in recovery were a wonderful reward for a job well done. A girl! How wonderful she is. Thank you again for your help. We love you.

Love "G"

AFTER

Mom and Dad,

The abuse I have relived these past weeks has convinced me beyond any doubt that you are my abusers. I do not believe that you, Mom, protected me from the physical and emotional abuse by my father. I believe you assisted him in this sexual abuse. I hate you for this. The "love" you two show is just show. Not real...I believe you, Dad,

abused me and hurt me by your body and spirit. I know you sodomized me and I am an incest victim due to your invasion and betrayal of my body. I am extremely angry at you about this fact. The flowers, yardwork, ever zealous gestures are all show and penance for what you have perpetrated on me...

Observations in Ontario Canada

I went to our University bookstore and I found a dictionary for social workers. How do you like this: SEXUAL TRAUMA. A shocking experience involving sexuality that has lasting effect on individual's personality and mental health. The experience is usually rape, incest, sexual abuse or exposure to a psychosexual disorder of others. The resulting symptoms include INABILITY TO FORGET, flashbacks, anxiety and PTSD. (R. L. Barker: *The Social Work Dictionary*, 3rd ed, 1995).

A few meters from the Bookstore, we have a Women's Resource Centre with a rack of various pamphlets in front. One pamphlet is called INCEST (available both in English and French). It states: "The typical incest case...in order to survive, the child MAY BLOCK OUT HER MEMORIES; THESE MEMORIES MAY COME BACK IN LATER LIFE. Under recommended reading were *Courage to Heal* and *Victims No Longer* with a comment that these books are available in public libraries.

Paula Tyroler, Ph.D.

"By now, psychologists have arrived at a wonderfully elastic profile of the people who attach themselves to these intellectual chain gangs: just about anybody. Applicants require only an unsatisfied spiritual longing, a condition apt to strike anyone at some point in life. Social status is no indicator of susceptibility and no defense against it."

Richard Lacayo "The Lure of the Cult" *Time*, April 7, 1997 p45

STATE MEETINGS

Call persons listed for info & registration

FLORIDA EVENTS

International Cartoon Museum Party and Reception

Friday February 13, 1998 6:00 to 7:30 P.M.

All FMSF Members and Professionals are invited
Hosted by SIRS to celebrate the publication of *Smiling
through Tears* and Mort Walker, President of the
International Cartoon Museum
Museum is at 201 Plaza Real, Boca Raton, FL 33432
(that's in Mizner Park). Telephone: (561) 391-2200.

Public Lecture featuring Elizabeth Loftus Saturday Morning February 14, 1998

Sponsored by: Florida Atlantic University 777 Glades
Rd. • Boca Raton, FL and Social Issues Resources Series

False Memory Creation:

Friday February 13, 1998

Attendance limited to invited professionals
Drs. Stephen Ceci, Elizabeth Loftus, Peter Ornstein,
Daniel Schacter (Florida Atlantic University)

FLORIDA

"Crisis in Counseling: In and Out of the Church"

November 14 & 15, 1997

Rollins College, Winter Park

Presented by Central Florida Friends of FMSF and Rollins College
with the cooperation of the Florida Council of Churches.

Speakers: Paul Simpson, The Rutherford Family, Elizabeth Carlson,
Don Russo, Robin Symons and two parents whose daughters
received regression therapy by Christian counselors before accusing
their fathers of childhood sexual abuse.

Advanced registration for the conference is \$25.00 for the first per-
son, and \$15.00 for each additional person from the same family or
congregation (in the same mailing). Students may register for \$10.00

Special Family Meeting

Friday night, November 14, 7:00 - 10:00 P.M.

There will also be a meeting for falsely accused families on the
Rollins campus. Dr. Simpson and the Rutherfords will discuss coping
and reconciliation. For a brochure or more information about these pro-
grams, please contact John and Nancy at 352-750-5446 or Email at
<http://www.johnbell@totcon.com>.

MASSACHUSETTS AND SURROUNDING AREAS

NEW ENGLAND FMSF GROUP MEETING

Sunday November 9, 1997

Christ Church Parish Hall • Andover, MA
25 Central Street (corner of Central and School Streets)
Parish Hall adjacent to attached church building.

Speakers: Pamela Freyd and Eleanor Goldstein

For more information call

Frank (508-263-9795)

TRI - STATE MEETING:

Pennsylvania, New Jersey, Delaware

FAMILIES & FRIENDS

The Hurt That Families Endure When Therapists Err

Saturday, November 1, 1997

Trinity Assembly of God Church

1022 Pottstown Pike (Rte. 100) West Chester, PA

Registration: 9:30 AM, Meeting: 10:00 AM to 5:00 PM

Speakers: Pamela Freyd, Ph.D., The Rutherford Family
A contribution of \$20.00 per couple (\$5.00 for other family
members) is requested to defray operating expenses.

For more information call:

Sally & Lee 609-967-7812 or Jim & Jo 610-783-0396

MEETING: SEATTLE, WA AREA

Saturday November 15, 1997

Contact Phil & Suzi • (206) 364-1643

WEIGHING THE EVIDENCE OF RECOVERED MEMORIES

A conference on recovered memories of child sexual abuse (previously announced as taking place at the
Quinnipiac College School of Law) will be held on **November 14, 1997 at the Quality Inn and Conference Center:**
100 Pond Lily Avenue [Exit 59 of the Merritt/Wilbur Cross Parkway (Route 15)] New Haven, CT.

Speakers Include: Mark Pendergrast, • Pamela Freyd, Ph.D. • Anita Lipton • Debbie Oberman, M.S.W., L.C.S.W., M.B.A.
Prof. Jerome L. Singer • Prof. Jonathan Schooler • Prof. D. Stephen Lindsay and David Sakheim, Ph.D.

This conference is sponsored by the Institute for Pain Research, a non-profit Connecticut corporation. There is no fee for attending the con-
ference, but a donation of \$25-\$50 per person to the Institute for Pain Research to help defray the costs of the conference would be appreciated.
Lunch will be provided. Early reservations are advised because space is limited. For additional information call Jen Bernardo at (203)-789-2151.

CALIFORNIA: FREE TALK: "The Psychology of Victim Making"

by Dr. Tana Dineen, author of

Manufacturing Victims: What the Psychology Industry is Doing To People

Saturday, November 15, 1997 10 a.m. to 12 noon (Coffee at 9:30 a.m.)

Goleta Public Library: 500 North Fairview Avenue Santa Barbara (Goleta) CA. Cosponsors: Central Coast FMS Chapter and
PsychoHeresy Awareness Letter. For information call: 805-967-8058 or 805-683-0864. For those outside Santa Barbara Call 800-216-4696.

KEY : (MO) - Monthly; (bi-MO) - bi-monthly
(*) - see the State Meetings List, page 17.

CONTACTS & MEETINGS - UNITED STATES

ALASKA

Bob (907) 556-8110

ARIZONA

Barbara (602) 924-0975;
854-0404(fax)

ARKANSAS

Little Rock

Al & Lela (501) 363-4368

CALIFORNIA

Sacramento - (quarterly)

Joanne & Gerald (916) 933-3655
Rudy (916) 443-4041

San Francisco & North Bay - (bi-MO)

Gideon (415) 389-0254 or
Charles 984-6626(am); 435-9618(pm)

East Bay Area - (bi-MO)

Judy (510) 376-8221

South Bay Area - Last Sat. (bi-MO)

Jack & Pat (408) 425-1430
3rd Sat. (bi-MO) @10am

Los Angeles County

Cecilia (310) 545-6064

Central Coast

Carole (805) 967-8058

Central Orange County - 1st Fri. (MO) @ 7pm

Chris & Alan (714) 733-2925

Orange County - 3rd Sun. (MO) @ 6pm

Jerry & Eileen (909) 659-9636

Covina Area - 1st Mon. (MO) @ 7:30pm

Floyd & Libby (818) 330-2321

San Diego Area

Dee (619) 941-4816

COLORADO

Denver - 4th Sat. (MO) @ 1pm

Art (303) 572-0407

CONNECTICUT

S. New England - (bi-MO) Sept-May

Earl (203) 329-8365 or
Paul (203) 458-9173

FLORIDA*

Dade/Broward

Madeline (954) 966-4FMS

Boca/Delray - 2nd & 4th Thurs (MO) @ 1pm

Helen (407) 498-8684

Central Florida - 4th Sun. (MO) @ 2:30 pm

John & Nancy (352) 750-5446

Tampa Bay Area

Bob & Janet (813) 856-7091

GEORGIA

Atlanta

Wallie & Jill (770) 971-8917

HAWAII

Carolyn (808) 261-5716

ILLINOIS

Chicago & Suburbs - 1st Sun. (MO)

Eileen (847) 985-7693

Joliet

Bill & Gayle (815) 467-6041

Rest of Illinois

Bryant & Lynn (309) 674-2767

INDIANA

Indiana Assn. for Responsible Mental Health Practices

Nickie (317) 471-0922; fax (317) 334-9839
Pat (219) 482-2847

IOWA

Des Moines - 2nd Sat. (MO) @ 11:30 am Lunch

Betty & Gayle (515) 270-6976

KANSAS

Kansas City - 2nd Sun. (MO)

Leslie (913) 235-0602 or
Pat (913) 738-4840
Jan (816) 931-1340

KENTUCKY

Louisville - Last Sun. (MO) @ 2pm

Bob (502) 361-1838

LOUISIANA

Francine (318) 457-2022

MAINE

Bangor

Irvine & Arlene (207) 942-8473

Freeport - 4th Sun. (MO)

Carolyn (207) 364-8891

MARYLAND

Ellicott City Area

Margie (410) 750-8694

MASSACHUSETTS/NEW ENGLAND*

Chelmsford

Ron (508) 250-9756

MICHIGAN

Grand Rapids Area-Jenison - 1st Mon. (MO)

Bill & Marge (616) 383-0382

MINNESOTA

Terry & Collette (507) 642-3630

Dan & Joan (612) 631-2247

MISSOURI

Kansas City - 2nd Sun. (MO)

Leslie (913) 235-0602 or Pat 738-4840

Jan (816) 931-1340

St. Louis Area - 3rd Sun. (MO)

Karen (314) 432-8789

Mae (314) 837-1976

Refractors group also forming

Springfield - 4th Sat. (MO) @ 12:30pm

Dorothy & Pete (417) 882-1821

MONTANA

Lee & Avone (406) 443-3189

NEW JERSEY (So.)*

See Wayne, PA

NEW MEXICO

Albuquerque - 1st Sat. (MO) @ 1 pm

Southwest Room - Presbyterian Hospital

Maggie (505) 662-7521(after 6:30pm) or

Martha (505) 623-1415

NEW YORK

Westchester, Rockland, etc. - (bi-MO)

Barbara (914) 761-3627

Upstate/Albany Area - (bi-MO)

Elaine (518) 399-5749

Western/Rochester Area - (bi-MO)

George & Eileen (716) 586-7942

NORTH CAROLINA

Susan (704) 481-0456

OKLAHOMA

Oklahoma City

Dee (405) 942-0531

HJ (405) 755-3816

Rosemary (405) 439-2459

PENNSYLVANIA*

Harrisburg

Paul & Betty (717) 691-7660

Pittsburgh

Rick & Renee (412) 563-5616

Montrose

John (717) 278-2040

Wayne (Includes S. NJ) - 2nd Sat. (MO)

@ 1pm (No meeting in Dec., Jan., Feb., Mar.)

Jim & Jo (610) 783-0396

TENNESSEE

Wed. (MO) @ 1pm

Kate (615) 665-1160

TEXAS

Houston

Jo or Beverly (713) 464-8970

El Paso

Mary Lou (915) 591-0271

UTAH

Keith (801) 467-0669

VERMONT

(bi-MO) Judith (802) 229-5154

VIRGINIA

Sue (703) 273-2343

Washington

Phil & Suzi (206) 364-1643

WEST VIRGINIA

Pat (304) 291-6448

Katie & Leo (414) 476-0285

Susanne & John (608) 427-3686

CONTACTS & MEETINGS - INTERNATIONAL

BRITISH COLUMBIA, CANADA

Vancouver & Mainland - Last Sat. (MO)

@ 1-4pm

Ruth (250) 925-1539

Victoria & Vancouver Island - 3rd Tues. (MO)

@ 7:30pm

John (250) 721-3219

MANITOBA, CANADA

Winnipeg

Joan (204) 284-0118

ONTARIO, CANADA

London - 2nd Sun (bi-MO)

Adriaan (519) 471-6338

Ottawa

Eileen (613) 836-3294

Toronto /N. York

Pat (416) 444-9078

Warkworth

Ethel (705) 924-2546

Burlington

Ken & Marina (905) 637-6030

Sudbury

Paula (705) 692-0600

QUEBEC, CANADA

Montreal

Alain (514) 335-0863

St. André Est.

Mavis (514) 537-8187

AUSTRALIA

Irene (03) 9740 6930

ISRAEL

FMS ASSOCIATION fax-(972) 2-625-9282 or

E-mail-fms@netvision.net.il

NETHERLANDS

Task Force FMS of Werkgroep Fictieve

Herinneringen

Anna (31) 20-693-5692

NEW ZEALAND

Colleen (09) 416-7443

SWEDEN

Ake Moller FAX (48) 431-217-90

UNITED KINGDOM

The British False Memory Society

Roger Scottford (44) 1225 868-682

Deadline for the Dec. Newsletter is Nov. 15.
Meeting notices MUST be in writing and should be
sent no later than two months prior to meeting.

Copyright © 1997 by the FMS Foundation

3401 Market Street, Suite 130
Philadelphia, PA 19104-3315
Phone 215-387-1865 or 800-568-8882
Fax 215-387-1917
ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

FMSF Scientific and Professional Advisory Board

November 1, 1997

Aaron T. Beck, M.D., D.M.S., University of Pennsylvania, Philadelphia, PA; **Terence W. Campbell, Ph.D.**, Clinical and Forensic Psychology, Sterling Heights, MI; **Rosalind Cartwright, Ph.D.**, Rush Presbyterian St. Lukes Medical Center, Chicago, IL; **Jean Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Loren Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Frederick C. Crews, Ph.D.**, University of California, Berkeley, CA; **Robyn M. Dawes, Ph.D.**, Carnegie Mellon University, Pittsburgh, PA; **David F. Dinges, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Henry C. Ellis, Ph.D.**, University of New Mexico, Albuquerque, NM; **George K. Ganaway, M.D.**, Emory University of Medicine, Atlanta, GA; **Martin Gardner**, Author, Hendersonville, NC; **Rochel Gelman, Ph.D.**, University of California, Los Angeles, CA; **Henry Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Lila Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Richard Green, M.D., J.D.**, Charing Cross Hospital, London; **David A. Halperin, M.D.**, Mount Sinai School of Medicine, New York, NY; **Ernest Hilgard, Ph.D.**, Stanford University, Palo Alto, CA; **John Hochman, M.D.**, UCLA Medical School, Los Angeles, CA; **David S. Holmes, Ph.D.**, University of Kansas, Lawrence, KS; **Philip S. Holzman, Ph.D.**, Harvard University, Cambridge, MA; **Robert A. Karlin, Ph.D.**, Rutgers University, New Brunswick, NJ; **Harold Lief, M.D.**, University of Pennsylvania, Philadelphia, PA; **Elizabeth Loftus, Ph.D.**, University of Washington, Seattle, WA; **Susan L. McElroy, M.D.**, University of Cincinnati, Cincinnati, OH; **Paul McHugh, M.D.**, Johns Hopkins University, Baltimore, MD; **Harold Merskey, D.M.**, University of Western Ontario, London, Canada; **Spencer Harris Morfit**, Author, Boxboro, MA; **Ulric Neisser, Ph.D.**, Cornell University, Ithaca, NY; **Richard Ofshe, Ph.D.**, University of California, Berkeley, CA; **Emily Carota Orne, B.A.**, University of Pennsylvania, Philadelphia, PA; **Martin Orne, M.D., Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Loren Pankratz, Ph.D.**, Oregon Health Sciences University, Portland, OR; **Campbell Perry, Ph.D.**, Concordia University, Montreal, Canada; **Michael A. Persinger, Ph.D.**, Laurentian University, Ontario, Canada; **August T. Piper, Jr., M.D.**, Seattle, WA; **Harrison Pope, Jr., M.D.**, Harvard Medical School, Boston, MA; **James Randi**, Author and Magician, Plantation, FL; **Henry L. Roediger, III, Ph.D.**, Washington University, St. Louis, MO; **Carolyn Saari, Ph.D.**, Loyola University, Chicago, IL; **Theodore Sarbin, Ph.D.**, University of California, Santa Cruz, CA; **Thomas A. Sebeok, Ph.D.**, Indiana University, Bloomington, IN; **Michael A. Simpson, M.R.C.S., L.R.C.P., M.R.C., D.O.M.**, Center for Psychosocial & Traumatic Stress, Pretoria, South Africa; **Margaret Singer, Ph.D.**, University of California, Berkeley, CA; **Ralph Slovenko, J.D., Ph.D.**, Wayne State University Law School, Detroit, MI; **Donald Spence, Ph.D.**, Robert Wood Johnson Medical Center, Piscataway, NJ; **Jeffrey Victor, Ph.D.**, Jamestown Community College, Jamestown, NY; **Hollida Wakefield, M.A.**, Institute of Psychological Therapies, Northfield, MN; **Charles A. Weaver, III, Ph.D.**, Baylor University, Waco, TX

Do you have access to e-mail? Send a message to
pjf@cls.upenn.edu

If you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS list". You'll also learn about joining the FMS-Research list: it distributes research materials such as news stories, court decisions and research articles. It would be useful, but not necessary, if you add your full name: all addresses and names will remain strictly confidential.

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

The FMSF Newsletter is published 10 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1997 subscription rates: USA: 1 year \$30, Student \$15; Canada: 1 year \$35 (in U.S. dollars); Foreign: 1 year \$40. (Single issue price: \$3 plus postage.)

Yearly FMSF Membership Information

Professional - Includes Newsletter \$125 _____
Family - Includes Newsletter \$100 _____
Additional Contribution: \$ _____

PLEASE FILL OUT ALL INFORMATION—PLEASE PRINT

Visa: Card # & exp. date: _____

Mastercard: # & exp. date: _____

Check or Money Order: Payable to FMS Foundation in
U.S. dollars

Signature: _____

Name: _____

Address: _____

State, ZIP (+4) _____

Country: _____

Phone: (_____) _____

Fax: (_____) _____



3401 Market Street, Suite 130

Philadelphia, Pennsylvania 19104 - 3315

FORWARDING SERVICE REQUESTED.